	I in this information to ident				
Un	ited States Bankruptcy Court	for the:			
EA	STERN DISTRICT OF WISC	ONSIN			
Са	se number (if known)		Chapter <b>11</b>		
				☐ Check if this an amended filing	
V	<b>-</b>	on for Non-Individ			4/19
		n a separate sheet to this form. On the te document, <i>Instructions for Bankru</i>		, write the debtor's name and case number (if als, is available.	known).
1.	Debtor's name	Cornerstone Pavers, LLC			
2.	All other names debtor used in the last 8 years				

■ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Mailing address, if different from principal place of

P.O. Box, Number, Street, City, State & ZIP Code

Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal

business

place of business

Debtor's federal

Debtor's address

Number (EIN)

**Employer Identification** 

Debtor's website (URL)

Type of debtor

20-3911456

6422 Hwy 31 Racine, WI 53402

Racine

County

Principal place of business

Number, Street, City, State & ZIP Code

☐ Partnership (excluding LLP)

☐ Other. Specify:

https://www.cornerstonepaversusa.com/

When

affiliate of the debtor?
List all cases. If more than 1,

attach a separate list

Debtor

District

Relationship

Case number, if known

□ \$100,000,001 - \$500 million

□ \$500,001 - \$1 million

☐ More than \$50 billion

Cornerstone Pavers, LLC

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 4, 2020 MM / DD / YYYY

Signature of authorized representative of debtor

Christopher C. Cape

Printed name

18. Signature of attorney

Signature of attorney for debtor

Date February 4, 2020

MM/DD/YYYY

Jerome R. Kerkman

Manager

Printed name

Title

Kerkman & Dunn

Firm name

839 N. Jefferson St., Ste. 400 Milwaukee, WI 53202-3744

Number, Street, City, State & ZIP Code

Contact phone

414-277-8200

Email address

1005832 WI

Bar number and State